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24197 7590 06/29/2004

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Susan Albert Siegel, Ph.D. (Depositor's name)
 (Signature)
 September 23, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/788,264	02/16/2001	William H. Fleming	6122-54472	8684

TITLE OF INVENTION: ADMINISTRATION OF THERAPEUTIC OR DIAGNOSTIC AGENTS USING INTERLABIAL PAD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	09/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
STEPHENS, JACQUELINE F	3761	604-385170

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☐ corporation or other private group entity ☐ government

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- ☒ Issue Fee
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☒ The Director is hereby authorized by charge the fee(s) to the Deposit Account Number 02-4350 (enclose an extra copy of this form).

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(Date)

9/23/04

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09/28/2004 SSITHIB2 00000100 09788264

01 FC:2501
 02 FC:1504
 03 FC:8001

665.00 OP
 300.00 OP
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TRANSMIT THIS FORM WITH FEE(S)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: William H. Fleming

Application No.: 09/788,264

Filed: February 16, 2001

Confirmation No.: 8684

For: ADMINISTRATION OF THE PATENT AND TRADEMARK OFFICE
DIAGNOSTIC AGENTS USING
INTERLABIAL PAD

Examiner: Jacqueline F. Stephens

Art Unit: 3761

Attorney Reference No.: 6122-54472-01

CERTIFICATE OF MAILING

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Agent
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Date Mailed September 23, 2004

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TRANSMITTAL LETTER


Enclosed for filing in the above-referenced application are the following:

- ☒ In connection with issuance of a patent:
 - ☒ Form PTOL-85b
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- ☒ Issue Fee (\$665.00)
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- ☒ A check in the amount of \$995.00 to cover the above-listed fees.
- ☒ The Director is hereby authorized to charge any additional fees that may be required in connection with issuance of a patent, or credit over-payment, to Account No. 02-4550. A copy of this sheet is enclosed.
- ☒ Please return the enclosed postcard to confirm that the items listed above have been received.

Respectfully submitted,

KLARQUIST SPARKMAN, LLP

By


Susan Alpert Siegel, Ph.D.
Registration No. 43,121

One World Trade Center, Suite 1600
121 S.W. Salmon Street
Portland, Oregon 97204
Telephone: (503) 226-7391
Facsimile: (503) 228-9446
cc: Docketing